

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/5/2009

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
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22						
23			1			
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37				1		
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47						
48						
49						
50						
TOTAL IND.			1	1	1	1
TOTAL DEP.			4	4	4	4
TOTAL CLAIMS			48	48	48	48

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			4	4	4	4
TOTAL CLAIMS			48	48	48	48